

O I P E
JUL 14 2003
U. S. PATENT & TRADEMARK OFFICE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-2063																				
<p>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____</p> <p>Signature: _____</p> <p>Name: _____</p>																						
<p>In re Application of Shunpei YAMAZAKI et al.</p> <p>Application Number 09/436,984 Filed 11/9/1999</p> <p>For SEMICONDUCTOR DEVICE AND MANUFACTURING METHOD THEREOF</p> <p>Group Art Unit 2823 Examiner William Coleman</p>																						
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check to cover the fee is enclosed.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</td> <td></td> </tr> </table> <p>I am the <input type="checkbox"/> applicant/inventor</p> <ul style="list-style-type: none"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>July 14, 2003 Date 07/15/2003 DENESS1 00000057 09436984 01 FC:1251 110.00 OP</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ _____	<input type="checkbox"/> Applicant claims small entity status.		<input type="checkbox"/> A check to cover the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet.	
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